

HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, American Savings Bank Tower 970 P.O. Box 616, Honolulu, Hawaii 96809

Telephone: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

GIFTS DISCLOSURE STATEMENT				
(This report covers the period from June 1 of the preceding calendar year thro	ugh June 1 of this year and is due on June 30)			
NAME:	STATE POSITION:			
STEPHEN M. TEVES	DEPUTY DRUG CONTROL LIAISON			
STATE AGENCY:	STATE TEL. NO.:			
OFFICE OF THE LIEUTENANT GOVERNOR	(808) 586-0255			

STATE MAILING ADDRESS:

415 South Beretania Street, 5th Floor, Honolulu, Hawaii 96813

1 DONOR	2 DESCRIPTION OF GIFT	DATE 3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE
NONE				
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1 DONOR	2 DESCRIPTION OF GIFT	3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE
	RECEIVED	1		

	STATE OF HAMAS STATE ETHICS COMMISS	ICN 1		
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____ Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Steph M. Jeron

JUN-23 2005

SIGNATURE¹

DATE